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### SCHOOL EXTRA-CURRICULAR ACCOUNT

D	OATE,,
Purchased from	
Address	
Purchased for	
Deliver to	
Send Invoice to	
To the Disbursing Officer:	
The following expense is incurred, payable from the School Extra-Curricula Fund.	r Account and chargeable to the

Quantity	Description	Unit	Price	Total	
	SAMP			\$	
		Total This Orde	er	\$	

Signed_		
	Person Authorized to Purchase	

#### PAYMENT AUTHORIZATION VOUCHER

(Sign and Return with Invoice)

Once Date Development of the Disbursing Officer:  The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the Fund.  No payment is to be made for this order until this form is properly filed and the items have been received.  Quantity Description Unit Price Total  Total This Order \$		(eigh and retain	i with invoice)		
Paid by Check  In the part of the Disbursing Officer:  The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the Fund.  No payment is to be made for this order until this form is properly filed and the items have been received.  Quantity  Description  Total This Order  Signed  Approved for Payment  Sponsor				No	
Date		SCHOOL EXTRA-CUR	RICULAR ACCOUNT		
Date					
Approved for Payment  Approved for Payment  Approved for Payment  Approved for Payment  Sponsor	Paid by Check	Data	DATE _		,
Purchased for Deliver to Selved Invoice to Selve	Purchased from	Date			
Deliver to Send Invoice to  To the Disbursing Officer:  The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the Fund.  No payment is to be made for this order until this form is properly filed and the items have been received.  Quantity  Description  Unit  Price  Total  \$  Total This Order  \$  Signed  Claimant  Approved for Payment  Sponsor	Purchased for				
The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the Fund.  No payment is to be made for this order until this form is properly filed and the items have been received.  Quantity  Description  Unit  Price  Total  Total This Order  \$  Priced O.K.  Signed  Claimant  Approved for Payment  Sponsor	Deliver to				
The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the Fund.  No payment is to be made for this order until this form is properly filed and the items have been received.  Quantity  Description  Total This Order  \$  Priced O.K  tems Received O.K  Except as noted  Sponsor	Send Invoice to				
Total This Order \$  Priced O.K  tems Received O.K  Except as noted  Approved for Payment  Sponsor		Fund.		_	
Total This Order \$  Priced O.K  tems Received O.K  Except as noted  Approved for Payment  Sponsor	Quantity	Description	Unit	Price	Total
Priced O.K. Signed Claimant    Approved for Payment Sponsor		SAMI	PIE		\$
Signed Claimant  Except as noted			Total This Orde	r	\$
Approved for PaymentSponsor	Priced O.K.				
Approved for PaymentSponsor	tems Received O.K.		Signed		
Sponsor	except as noted			Claima	ant
Sponsor		Δρογον	ed for Payment		
)ate		Αρριονί	od for rayinetit	Sponsor	
	)ata				

# PURCHASE ORDER AND PAYMENT AUTHORIZATION VOUCHER (FILE COPY)

				No		
	SCHOOL EXTRA-C	URRICULAR ACC	COUNT			
Paid by Check No.	Date	,	DATE			
Purchased from Address Purchased for Deliver to						
Send Invoice to						
	Officer:  expense is incurred, payable from the S Fund.  s to be made for this order until this for					
Quantity	Description	U	nit	Price	Total	
	SAM	PI	E		\$	
		Total T	his Order		\$	
Priced O.K		Signed				
Except as noted -			Person	n Authorized	I to Purchase	
	Ар	proved for Payment _	-	Sponsor		

#### Prescribed Form SA 2 (Rev 1970)

#### CHECK

HRS	GROSS	FEDERAL	SOCIAL	STATE					PERIOD	EMPLOYEE
WORKED	PAY	WITH. TAX	SECURITY	WITH. TAX	INSURANCE				ENDING	DETACH
										BEFORE
										CASHING
ESCRIBED	BY STATE	E BOARD OF A	CCOUNTS						FORM No.	SA-2 (Rev. 1970
				SCHOOL	EXTRA-CUR	RICULAR A	CCOUNT			
			_		(NAME OF	SCHOOL)			No	
Purpose P.O. No. Claim No.			Pay to the order of			_, Indiana		E	*	
Payable a	ıt			S					Do:	llars
			Superintend	ent or Prin	cipal			7	reasurer	
					SPACE FOR	M.I.C.R.				

ORIGINAL

HRS WORKED	GROSS PAY	FEDERAL WITH. TAX	SOCIAL SECURITY	STATE WITH. TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING
RESCRIBED	BY STATE	E BOARD OF A	ACCOUNTS						FORM No.	SA-2 (Rev. 1970
			-		EXTRA-CUR				No	
Fund Purpose _ P.O. No. Claim No.			Pay to the			, Indiana	T	E		
Invoice N			order of			M.J.			\$ Dol	lars
Payable a	it			S	NON - NEG	GOTIABLE				
					SPACE FOR	M.I.C.R.				

DUPLICATE

## RECEIPT SCHOOL EXTRA-CURRICULAR ACCOUNT

_	SCHOOL			
	, IN	No.		
		ent Type and Amount		
	Cash Check/Draft Mo Amount Amount Amo	Credit Card/ D Bank Card	EFT Amount	Other
RECEIVED FROM		\$		
THE SUM OF			DOLLARS	
FOR DEPOSIT TO THE CREDIT OF	(Activity)		FUND	
SOURCE	(Activity)			
		REASURER		
	ORIGINAL			
Prescribed by State Board of Accounts	RECEIPT SCHOOL EXTRA-CURRICULAR ACCOUNT	Form	No. SA-3 (Re	evised 1997)
_	SCHOOL			
	, IN	No.		
	Paym	ent Type and Amount		
	Cash Check/Draft Mo Amount Amount Amo		EFT Amount	Other
RECEIVED FROM		\$		
	DIE		DOLLARS	
THE SUM OF  FOR DEPOSIT TO THE CREDIT OF	A MP LI			
THE SUM OF	(Activity)		DOLLARS	

**DUPLICATE** 

### TICKET SALES

					TOWN OR CI	TY		
R				-	ACTIVITY			
	Т	ICKETS				]		
							TOTAL	
KIND	ISSUEI	)	RETURN	ED	TICKETS	PRICE	AMOUNT	
	SERIAL NO.	AMT.	SERIAL NO.	AMT.	SOLD		SALES	
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	TOTAL	) 1						
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e by				Verified	and Approved	bv		
,	(Title)						Official or Sponsor)	
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SA-4) Prescribed b	y State Board of Accoun	ts					No	
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			TICKI	ET SAL	ES			
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1E	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IE—————ER————	Ţ	ICKETS		-	TOWN OR CI DATE ACTIVITY		TOTAL	
ER	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IE—————ER————	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IE	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
1EER	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IE	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
ME	ISSUEI	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IE	ISSUEI SERIAL NO.	TICKETS	RETURN	- - - -	TOWN OR CIDATE ACTIVITY TICKETS		TOTAL AMOUNT	
IER	ISSUEI SERIAL NO.	TICKETS	RETURN	ED AMT.	TOWN OR CIDATE ACTIVITY TICKETS	PRICE	TOTAL AMOUNT	

#### FINANCIAL REPORT SCHOOL EXTRA-CURRICULAR ACCOUNT

School
SCHEDULE OF BALANCES
RECEIPTS AND EXPENDITURES OF
SCHOOL EXTRA-CURRICULAR ACCOUNT

From _		,	
To		,	

	BALANCE	RECEIPTS		BALANCE
	BEGINNING	DURING	EXPENDITURES	
NAME OF FUND	OF PERIOD	PERIOD		PERIOD
	1	2	3	4
	\$	\$	\$	\$
TOTAL ALL FUNDS	\$	\$	\$	\$

### **CASH RECONCILEMENT**

NAME OF BANK	LOCATION
DEPOSITORY BALANCE	\$
CASH ON HAND (ADD)	
TOTAL CASH ON HAND AND IN DEPOSITORY	\$
TOTAL OF OUTSTANDING CHECKS (DEDUCT)	
BALANCE	\$

OUTSTANDING CHECKS	
<b>,</b>	

		1			1		
DATE	NUMBER	AMOUNT		DATE	NUMBER	AMOUN	Т
		\$	BRO	UGHT FO	RWARD	\$	
				<b>~</b>			
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	1						
CARRIED FORWA	RD	\$	тот	AL		\$	

## DETAIL OF RECEIPTS AND EXPENDITURES BY FUNDS

REC	EIPTS		
SOURCE OF RECEIPTS	NATURE OF RECEIPTS	AMOUNT	
		\$	
$\overline{\Lambda}$			
TOTAL RECEIPTS		\$	

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2, PAGE 1.

#### **EXPENDITURE**

PURPOSE OF EXPENDITURE	AMOUNT	
	\$	
TOTAL EXPENDITURES	\$	

The bank in which	all moneys of this account are deposited is:
	Name of Bank
	Location of Bank
Date school officially	closed,,
	BOND OF SCHOOL TREASURER
Name of Surety Amount of Bond \$ Date of Expiration	
I,Principal, of the	CATE SE SCHOOL TREASURER/PRINCIPAL , Treasurer,, School
account is true and corcertify that copies of	nt, hereby certify that the foregoing report of the said crect to the best of my knowledge and belief. I further this report have been filed with the officers eceive copies of said report.
	Treasurer
	Principal
COPIES TO BE FILED AS F	OLLOWS:
Township School:	1 copy to Township Trustee 1 copy to County Superintendent
School Corporation:	<pre>1 copy to Board of School Trustees or Board   of School Commissioners 1 copy to Superintendent of Schools</pre>

Prescribed by State Board of Accounts Form SA-6 (Rev. 1970)

#### SCHOOL EXTRA-CURRICULAR ACCOUNT

FUND NO.	FUND	
----------	------	--

	DATE	ITEM	RECEIPT OR CHECK NO.	~	RECEIPTS DEBIT	DISBURSEMENTS CREDIT	BALANCE	
1								1
2								2
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### **CLAIM FOR PAYMENT**

			No	
	SCHOOL EXTRA-CURRI	CULAR ACCOUNT		
Paid by Check No Purchased from Address Purchased for Delivered to Invoice handed to	Date			
	ficer:  pense is incurred, payable from the School Fund.  b be made for this order until this form is pro-		_	
Quantity	Description	Unit	Price	Total \$
		Total This Orde	er	\$
Priced O.K. Items Received O.K. Except as noted		Signed	Claima	nt
	Approved	for Payment	Sponsor	

### **INVENTORY OF RENTAL TEXTBOOKS**

Date	Name of School or School Corporation

NAME OF				
PUBLISHING	NAME OF TEXTBOOK OR		RETAIL	TOTAL
COMPANY	SERIES OF TEXTBOOKS	QUANTITY	PRICE	VALUE
		1	7	
		1	4,	
	- 1			

		OFFIC	CIAL RECEIP	TS - INDIVID	OUAL TEXTBO	OOK RENTA	AL LIST		
				S	CHOOL,		, INDIANA	Receipt	0001
	Date			Name of Stud	dent		Grade		
				Pavment Tvi	pe and Amount			1	
		Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other		
Quantity		Description	n - Name - Series - 0	Code		Unit Price	Total Rental Fee	For U	lse of Issuing Officer
			~	MP		1			
			3						
al Received						\$	\$		

damaged beyond use, an additional charge may be made as determined by school officials. Items available for classroom use not issued to students shall also be listed. If the volume of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with

Issuing Officer

a reference to such attached list instead of further itemization.

School \_\_\_\_\_

SCHOOL FOOD SERVICE
CERTIFICATION OF MEALS PROVIDED PER HOME RULE

Date \_\_\_\_\_

												DA	Y OF	МО	NTH	н МІ	EAL	PRO	OVIE	DED										
NAME/POSITION	1	2	3	4	5	6	7	8	9	10											22	23	24	25	26	27	28	29	30	31
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I certify that the above named indi-	riduals received meals on the dates designated in acc	ordance with written School
Board Policy.		
	Authorized Signature	

### Form Prescribed by State Board of Accounts School Form SF-2 (Revised 1998) SCHOOL FOOD SERVICE

#### SCHOOL FOOD SERVICE DAILY RECORD OF CASH RECEIVED

#### School CASH RECEIVED FOR FEDERAL REIMBURSEMENTS DATE TOTAL LUNCH OTHER RECEIPTS BREAKFAST KIND. STUDENT ADULT PREPAID PREPAID STATE **SPECIAL** Ν CASH ALA ALA PREPAID FOOD FOOD MATCH Ε **RECEIPTS** STUDENT ADULT STUDENT ADULT MILK CARTE CARTE FOOD APPLIED TRUST **FUNDS** PROGRAM AMOUNT Ε No No 1 2 3 4 5 6 7 8 10 10 11 11 12 12 13 13 14 14 15 15 16 17 16 17 18 18 19 19 20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 27 28 28 29 29 30 30 31 31 32 32 TOTALS

School

### SCHOOL FOOD SERVICE SF-2A DAILY RECORD OF MEALS/MILK SERVED

					NSLP						ΔFTFR	SCHOO	DL SUP.			ĺ			SBP							$\overline{}$
I N	Date	Nun		Meals Se udents		Paid	SF-1	Total	Nun		Meals Seudents	rved	Adult	SF-1	Total	Nur	mber of N	Meals Se		Adult	SF-1	Total	Kii	ndergart pecial M	en	I N
E No	Date	Paid	Free	Redu.	Total	Adult	Other Meals	NSLP Meals	Paid	Free	Redu.	Total	Paid Meals	Other Meals	SUP	Paid	Free	Redu.	Total	Paid Meals	Other Meals	SBP	Paid	Free	Total	E
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ate	Signature

## Form Prescribed by State Board of Accounts SCHOOL FOOD SERVICE CASH DISBURSEMENTS School School

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I N E No	Date	Check Number	Vendor/ Description		Food		Se A	bor - rvice rea ection		Labor - Food Prep. & Dispensing		luip chase	e	Eq. Rep			Misc/ Other		Description of Misc/Other Expense		TOTA BUR		PREPAID FOOD TRUST		VAILA CAS BALAN	н	BAI	_ANC	E I	I N E No
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#### Form Prescribed by State Board of Accounts School Form SF-4 (Revised 1998) SCHOOL FOOD SERVICE LEDGER OF RECEIPTS, DISBURSEMENTS AND BALANCE

ECEIPTS, DISBURSEMENTS AND BALANCE	
	School

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## SCHOOL FOOD SERVICE TICKET CONTROL

	Type of Ticket		
School		School Year	

Ticket Numbers	School	Date	Signature
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		1	
_			

SCHOOL	FOOD	SERVICE
FOLIPME	INI TIN	/FNTORY

_	_	
Page	of	

SCHOOL					Date	
			PURCHASE		MODEL OR	
	ITEM / DESCRIPTION	QUANTITY	DATE	BRAND NAME	SERIAL NUMBER	COST

## SCHOOL FOOD SERVICE FOOD INVENTORY

Page	of
------	----

School Date Beginning Inventory Ending Inventory

\$			
\$			

Item Description	Unit Size	No. Units	Unit Cost	Total Value
		1	TA.	
	// //	1)2		

Governmental Unit

### **RECEIPT REGISTER**

													Paymen	nt Type	e and A	mount					
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